



DENTAL LICENSURE

APPLICATION FOR RE-EXAMINATION

INSTRUCTIONS TO THE APPLICANT

Instructions for completing and filing this Application for Re-Examination are enclosed with this application. Please read carefully. Incomplete applications will be returned to the applicant and a space will not be reserved for the requested examination. **Fees and proof of insurance must accompany application**

Application Filing Fee: \$ 75.00

Examination Fee: \$ 450.00

FEES ARE NON-REFUNDABLE

OFFICE USE ONLY	
RC	Exam Date
Receipt No.	Exam Site
Exam Fee	Checked by
Date Cashiered	
Waiting List Confirmation Sent	
Confirmation Sent	
License No.	Date Issued

PLEASE PRINT OR TYPE LEGIBLY

1. LEGAL NAME: LAST FIRST MIDDLE		Social Security Number	
2. List other names you have used: (If change was made by court order, attach a CERTIFIED COPY)			
3. Address:		CITY	STATE
			ZIP CODE
4. Mailing Address:			
5. Birthdate:		Telephone Number Residence () Business ()	
6. Application filed under name of: LAST FIRST MIDDLE			
7. Preferred Examination Date:			
8. Preferred Examination Site: (For June examinations only, list exam site in order of preference – 1 st , 2 nd , 3 rd San Francisco ____ UOP ____ UCSF Los Angeles ____ USC ____ UCLA ____ Loma Linda			
9. Date and Examination site of last examination taken:			
10. Do your religious beliefs preclude you from being scheduled on Saturday or Sunday for examination? Yes No If yes, specify date			
11. Do you require any special accommodations for testing based on a certifiable physical disability or medical condition? Yes No If yes, please contact the Board for a Request for Accommodation form.			
12. (a) Since you last filed an application with the Board, have you become licensed in any other State/Country? Yes No If yes, complete the following information.			
State or Country		License Number and Date of Issue	Nature of Practice and Address
			Dates of Practice in Issuing Agency's Jurisdiction
(b) An Out-of-State/Country licensure form must be completed by the states or country(s) in which you are licensed.			
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SINCE THE TIME OF YOUR ORIGINAL AND/OR LAST APPLICATION SUBMITTED:

13. Has any disciplinary action ever been taken regarding any dental license which you now hold or have ever held? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal government entity. If yes, give details below:				Yes <input type="checkbox"/>
State	Date	Charge	Disposition	No <input type="checkbox"/>

14. Have you ever been denied a license, permission to practice dentistry, or permission to take an examination in any state, country, or U.S. federal jurisdiction?			Yes <input type="checkbox"/>
If yes, give details below:			No <input type="checkbox"/>
State or Country	Date of Denial	Reason for Denial	

15. Have you ever voluntarily surrendered a license to practice dentistry in another state or country?			Yes <input type="checkbox"/>
If yes, give details below:			No <input type="checkbox"/>
State	Date	Reason	

16. Are you now, or have been in the past two years, addicted to controlled substances, such as narcotics or alcohol?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

17. Have you ever been convicted of, or plead nolo contendere to a violation of any federal, state or local law relating to the manufacture, distribution or dispensing of controlled substances, or to drug addiction?			Yes <input type="checkbox"/>
If yes, give details below:			No <input type="checkbox"/>
Violation and Location	Date	Penalty or Disposition	

18. Have you ever been convicted of, or plead nolo contendere to any offense, misdemeanor, or felony in any state, the United States, or a foreign country? (except violations of traffic laws resulting in fines of \$150 or less) Applicants must report on their application for examination any convictions or pleas of nolo contendere irrespective of subsequent order that expunges the criminal record under the provisions of section 1203.4 of the Penal Code. This section requires that applicants for licensure report any convictions to any state or local licensing agency even if the conviction is dismissed under the provisions of this section. Applicants who answer NO to the question, when there is a previous conviction or plea, may have their application denied for knowingly falsifying the application pursuant to section 480(c) of the Business and Professions Code.			Yes <input type="checkbox"/>
If yes, give details below:			No <input type="checkbox"/>
Violation and Location	Date	Penalty or Disposition	

19. Executed in _____, on the _____ day of _____, 20____.	
(City, State or Country)	(Month) (Year)
I am the applicant for examination for licensure referred to; I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, my references, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Dental Board of California any information, files or records requested by the Board in connection with the processing of this application.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
DATE _____	SIGNATURE OF APPLICANT _____

20. An applicant who signs this application when he or she is located outside of California, shall swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.	
Subscribed and sworn to before me on this _____ day of _____, 20_____.	
	_____ Signature of Notary
(Notary Seal)	_____ Address
	My commission expires _____ Date